

DATE ENTERED: _____

ACCOUNT # _____

(FOR OFFICE USE ONLY)

**BUREAU OF TURNPIKES
COMMERCIAL CHARGE PROGRAM
INDIVIDUAL ACCOUNT APPLICATION**

BY THIS REQUEST FOR A CREDIT ACCOUNT WITH THE STATE OF NEW HAMPSHIRE,
DEPARTMENT OF TRANSPORTATION, THE UNDERSIGNED HEREBY ACCEPTS THE TERMS
AND CONDITIONS SET FORTH BY THE STATE OF NEW HAMPSHIRE

DATE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

OFFICER OF THE CORPORATION: _____

TITLE: _____

SIGNATURE: _____

ESTIMATED MONTHLY CHARGES: \$ _____

OF VEHICLES: _____

CHARGE CARDS REQUESTED: _____

TYPE OF SURETY/SECURITY PROVIDED (PLEASE CIRCLE ONE):

(CHECK PAYABLE TO: Treasurer, State of NH)

SURETY BOND

PASSBOOK

CHECK DEPOSIT

GROUP ACCOUNT

AMOUNT OF SURETY/SECURITY PROVIDED: \$ _____

(MUST BE AT LEAST 2 MONTHS WORTH OF CHARGES)

HOW YOU WANT YOUR CHARGE CARDS TO APPEAR (MAXIMUM 12 CHARACTERS)

--	--	--	--	--	--	--	--	--	--	--	--

BILLING INFORMATION

MAILING ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE ()

FAX: ()